

# EXHIBIT A



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Research and Data Analysis Division

## Trueblood Class Member Wait List Analysis

### Background

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This report estimates the number of additional staffed and operational forensic beds needed to clear the waitlist for competency services for Trueblood Class Members within 4 months. Two scenarios are examined:

- **Scenario 1:** Class Members for all legal authority groups currently represented on the inpatient competency services waitlist are required to receive inpatient competency services.
- **Scenario 2:** Class Members for all legal authority groups currently represented on the inpatient competency services waitlist **except persons awaiting misdemeanor restoration services** are required to receive inpatient competency services.

The term “clear the waitlist” is understood to mean reaching a state where no Class Member is waiting for inpatient competency services beyond Court-mandated timelines. The additional bed capacity identified in this report would need to be maintained and likely expanded to continue a “no wait list” state for Class Members into the future beyond the 4-month forecast horizon.

### Caveats

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The exact number of state hospital or RTF beds for Trueblood Class Members needed to clear the waitlist for competency services within 4 months depends on uncertain future events, including but not limited to:

- The number of referrals of Class Members for inpatient competency services through the 4-month forecast horizon, including the impact of activities or efforts by the State, criminal legal system partners, or others that increase or decrease referrals for inpatient competency services (e.g., diversion programming, increased use of alternatives to prosecution, recent legislative changes, changes in practice by superior court judges and prosecutors, etc.);
- The length of stay in inpatient services for Class Members currently in residence or admitted for inpatient competency services through the forecast horizon;
- The proportion of available forensic beds to be occupied on any given day;
- The exact timing of the availability of additional staffed and operational beds through the forecast horizon, including the pace of discharge/transfer of civil conversion patients currently residing on forensic wards; and

- The order of admission of Class Members from the wait list by legal authority group.

Given the dependency on future events, bed need estimates provided in this report should be viewed as forecasts created at a point in time with a degree of uncertainty and fluidity. For example, a surge in referrals for inpatient competency services for Class Members (e.g., due to fewer persons being released on PR as wait times decline) or an increase in length of stay above recently observed levels would increase the estimated number of beds required to clear the wait list.

## Recent Trends in Trueblood Class Member Wait List Levels

The wait list for Trueblood Class Members declined from 522 persons as of 12/26/2022 to 283 persons as of 7/1/2023. The decline is associated with multiple factors, including but not limited to:

- A decline in the number of civil conversion patients in forensic beds from a peak of more than 150 in February 2023 to 100 as of the week ending 7/3/2023,
- The addition of 58 forensic beds at Western State Hospital in May 2023,
- Increased prioritization of Trueblood Class Members for admission, and
- A reduced volume of forensic inpatient orders beginning in October 2022, relative to prior levels.

The first two factors noted above represent an effective net increase of more than 100 forensic beds relative to February 2023 levels, reflecting ongoing efforts by the State to address wait times. With regard to the overall forensic inpatient order trend (including both Class Members and non-Class Members), the average monthly volume of new forensic inpatient episodes over the nine-month period from October 2022 to June 2023 was 181, down 20 percent from the average of 227 experienced over the 14-month period spanning August 2021 through September 2022.

## Estimated Additional Beds Needed to Clear the Waitlist for Trueblood Class Members within 4 Months

We developed a “clearance” model for the 283 Class Members awaiting inpatient competency services as of 7/1/2023. The population was distributed by hospital and legal authority group as follows:

TABLE 1.  
Trueblood Class Member Wait List as of July 1, 2023

	Legal Authority Group						TOTAL
	Dismissal Evaluation	90/180-Day Restoration	45-Day Restoration	Misdemeanor Evaluation	Misdemeanor Restoration	Felony Evaluation	
WSH	4	82	125	1	37	4	253
ESH	4	6	16	0	3	1	30
<b>Statewide</b>	<b>8</b>	<b>88</b>	<b>141</b>	<b>1</b>	<b>40</b>	<b>5</b>	<b>283</b>

We applied the current average episode lengths of stay used in the triannual bed need forecast process, according to the table below.

TABLE 2.  
**Average Episode Length of Stay (Days) by Legal Authority Group**

	Legal Authority Group					
	Dismissal Evaluation	90/180-Day Restoration	45-Day Restoration	Misdemeanor Evaluation	Misdemeanor Restoration	Felony Evaluation
WSH	48.1	144.8	95.8	29.8	33.3	97.9
ESH	21.6	107.7	70.3	47.2	36.2	59.5

Assuming 85 percent utilization<sup>1</sup> of available beds, we estimate that 188 additional beds would be needed to clear the WSH wait list and 18 beds would be needed to clear the ESH wait list within 4 months under Scenario 1.

Under Scenario 2 (excluding Class Members awaiting misdemeanor restoration services), 178 additional beds would be needed to clear the WSH wait list and 16 beds would be needed to clear the ESH wait list within 4 months. Excluding Class Members awaiting misdemeanor restoration services has a limited impact on bed need because this group accounts for only 14 percent of the wait list population and experiences much shorter average lengths of stay.

The estimated bed need could be met through reducing or eliminating use of forensic beds for civil conversion patients and adding additional forensic bed capacity. Eliminating use of forensic beds for civil conversion patients at WSH would provide about half of the beds needed to clear the wait list within 4 months. The estimated bed need could also be reduced by fewer referrals into the competency system.

Although these estimates do not require all additional beds to be available as of the due date for this report, the earlier beds are available the greater the potential throughput and the greater the likelihood the wait list would be fully cleared with the projected additional beds by the end of the 4-month period. For example, the model assumes that approximately 70 percent of the projected beds would be available sufficiently early in the 4-month window such that those beds could support on average two Class Member admissions of patients on 45-day felony restoration orders within the 4-month period. To the extent that it takes longer for additional forensic beds to become available, more beds would be required. At the extreme, if additional beds were to become available only at the end of the 4-month period, the projected count of Class Members on the wait list at the end of the period (adjusted for occupancy) would represent the number additional beds required, as every Class Member on the waitlist at that point in time would need a bed to achieve clearance.

These estimates do not account for the risk that a surge in new inpatient referrals for Class Members above the average level observed from October 2022 through June 2023 could increase the number of beds needed to clear the wait list. Partially offsetting this risk, we note these forecasts do not account for wait times within Court-mandated requirements. That is, our calculations do not allow a “grace period” where a Class Member may be waiting for a forensic bed up to the Court-mandated admission timeline.

<sup>1</sup> The 85 percent utilization assumption is used to maintain consistency with the triannual bed need forecast process. DSHS’ actual forensic bed utilization rate is currently higher than 85%. To the extent DSHS achieves higher occupancy rates, fewer beds would be required to clear the wait list.

## Relationship to Triannual Bed Need Forecast Estimates

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The triannual bed need forecast workgroup wait-list calculations differ from the methods reported here in the following ways:

- The triannual bed need forecast workgroup calculations include non-Class Members. Currently, more than half of persons awaiting inpatient competency services are not Trueblood Class Members because they are not waiting in jail for those services.
- The triannual bed need forecast workgroup calculations estimate the number of beds needed over a 12-month period to serve persons on the wait list, including the full expected length of stay required to complete competency services. This report provides an estimate of the number of beds needed to “clear” the wait list, which means to achieve a state where no one is waiting for inpatient competency services beyond the Court-mandated timelines. In these models, many persons would continue in residence beyond the 4-month window to complete their competency service episode. As previously noted, the estimated capacity identified in this report would need to be maintained and likely expanded to continue a “no wait list” state for Class Members beyond the 4-month forecast horizon.